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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10588270 | <b>Applicant(s)/Patent Under Reexamination</b><br>IGUCHI ET AL. |
|   | <b>Examiner</b><br>BABAR SARWAR            | <b>Art Unit</b><br>2617   |

| ORIGINAL           |                                   |          |       |       |       | INTERNATIONAL CLASSIFICATION |   |   |   |                 |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-------|-------|-------|------------------------------|---|---|---|-----------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |       |       |       | CLAIMED                      |   |   |   |                 | NON-CLAIMED |  |  |  |  |  |  |  |
| 455                |                                   | 574      |       |       |       | H                            | 0 | 4 | B | 1 / 38 (2006.0) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| 455                | 522                               | 69       | 343.1 | 343.2 | 343.3 |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| 370                | 311                               | 318      |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
| 713                | 300                               | 320      |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |
|                    |                                   |          |       |       |       |                              |   |   |   |                 |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          | <input type="checkbox"/> CPA |  | <input type="checkbox"/> T.D. |  | <input type="checkbox"/> R.1.47 |  |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|------------------------------|--|-------------------------------|--|---------------------------------|--|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |                              |  |                               |  |                                 |  |
| 1  | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 2  | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 3  | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 4  | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 5  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 6  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 7  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 8  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
| 9  | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |
|  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                              |  |                               |  |                                 |  |

|   |                          |                                       |                             |
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| /BABAR SARWAR/<br>Examiner.Art Unit 2617<br><br>(Assistant Examiner)        | 09/23/2010<br><br>(Date) | <b>Total Claims Allowed:</b><br><br>9 |                             |
| /KAMRAN AFSHAR/<br>Primary Examiner.Art Unit 2617<br><br>(Primary Examiner) | 09/24/2010<br><br>(Date) | O.G. Print Claim(s)<br><br>1          | O.G. Print Figure<br><br>21 |